
Government of the
District of Columbia

D.C. Office of Personnel
D.C. Impartial Review Committee
441 4th Street, N.W., Suite 310-S
Washington, D.C. 20001

REQUEST FOR REVIEW OF PERFORMANCE RATING

Completion of this form will provide valuable information to the D.C. Performance Rating Impartial Review Committee (IRC) when you file a request for review of performance rating. You are not required to use this form. However, if you do not use this form, your request for review must comply with Chapter 14, Part II, Subpart 3 (3.4), Contents of Request for Review. Your personnel office can assist you in obtaining these procedures and it is advisable that you review them.

Employees who use this form should complete all parts. In completing this form, whenever the space provided is insufficient, you may add additional pages. If you do so, please put your name at the top of each page and indicate the number of the question you are responding to.

The IRC has the authority to determine whether a performance rating should be sustained or increased. A decision by the IRC may be appealed to the Office of Employee Appeals (OEA) in accordance with OEA regulations only when the performance evaluation is unsatisfactory and results in termination of the employee.

Request for Review of Performance Rating Form

PART I: GENERAL

1. Name: _____
(last) (first) (middle)
2. Position: _____
3. Grade: _____ 4. Office Telephone Number: _____
4. Organization
Department: _____ Division: _____
Address: _____
5. Home Address: _____

PART II: RATING INFORMATION

6. Rating Assigned:
(Attach P.O. Form 12)
- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Unsatisfactory |
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Excellent |
7. Rating Desired:
- | | |
|--------------------------|--------------|
| <input type="checkbox"/> | Satisfactory |
| <input type="checkbox"/> | Excellent |
| <input type="checkbox"/> | Outstanding |
8. Date the completed rating form (P.O. 12) was received: _____
9. Date the request for review was submitted to Agency Head:
(Attach documentation) _____
10. Date of response from Agency Head: _____
(Attach copy of response or indicate that no response was received)
11. Reason for request for review (include documentation in support of request):

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PART III: HEARING

12. You have the right to a hearing on this request for review. You may be represented by a person of your choice, if you so desire. If you do not want a hearing, the Impartial Review Committee may make its decision on the basis of the documents you and the agency submit.

Do you want a hearing? YES _____ NO _____

If you choose to have a hearing, the committee will notify you when it will be held.

You or your representative is required to file and submit four (4) copies of this form, together with any attachments, to:

D.C. Office of Personnel
D.C. Performance Rating Impartial Review Committee
441 4th Street, N.W., Suite 310-South
Washington, D.C. 20001

Signature of Employee

Date